

**ADVANCED PLACEMENT TEACHER REGISTRATION FORM
FOR THE
VERTICAL TRAINING WORKSHOP
July 8th and 9th, 2002**

(Please Print Carefully or Type)

Vertical Training Workshop (if applicable)

Last Name, First Name (AP Teacher Name)

School District Name

Home Street Address

School Name

City, State, Zip Code

Street Address

Home Phone/Fax Numbers

City, State, Zip Code

Home E-Mail Address

School Phone Number

**Check Vertical Training Workshop
you will attend:**

School Fax Number

Math ☐ English ☐

E-Mail Address

Subject Taught: Math ☐ English ☐ Other _____

Years of teaching in this subject area: _____

Level: Middle School ☐ High School ☐

Years Served as an AP Teacher:
0 1 2 3 4-6 6 or more

Your Goals for the Workshop: _____

Other data you wish to share that will help the College Board Instructor meet your needs:

